

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
*15/264244*

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	4					
12	4					
13	4					
14	4					
15	4					
16	4					
17	4					
18	4					
19	4					
20	4					
21	4					
22	4					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	2					
32	2					
33	2					
34	2					
35	2					
36	2					
37	1					
38	1					
39	1					
40	1					
41	2					
42	2					
43	2					
44	2					
45	2					
46	2					
47	4					
48	4					
49	4					
50	4					
TOTAL IND.	11		↓		↓	
TOTAL DEP.	160		←		←	
TOTAL CLAIMS	180					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS